

Greater Baltimore Medical Center



Job Description and Performance Management Form

Job Title: Clinical Social Worker HOB

Employee Name:

FLSA Status: Exempt

Employee No:

Department: Social Work

Department No:

Job Code: SOCWKMSHO

Supervisor Name:

Pay Grade: 614

Review Period: 09/02/2014

I. JOB DESCRIPTION SUMMARY:

Under general supervision, provides supportive services to the patient/family unit of care. Provides assistance in adjustment to illness and grief, addressing personal, financial and environmental difficulties, which occur with end of life.

Education	Master's degree in Social Work from a university accredited by the Council on Social Work Education.	
Experience	One year of social work experience in a health care setting.	
Skills	<ul style="list-style-type: none"> • Interpersonal skills necessary to effectively engage patients and families in a constructive therapeutic relationship and to effectively collaborate with colleagues. • Analytical skills necessary to assess client needs, to establish a plan of care and to effect appropriate interventions. • Time management skills and discipline required to efficiently and effectively provide social work case management services. • Ability to read and write the English language in order to complete required professional documentation and correspondence. 	
Licensures, Certifications	<ul style="list-style-type: none"> • Licensed in the State of Maryland as a Licensed Graduate Social Worker (LGSW), Licensed Certified Social Worker (LCSW), or Licensed Certified Social Worker - Clinical (LCSW-C). • Certification in end-of-life care by the NASW within first three years of employment 	
Physical Requirements	<ul style="list-style-type: none"> • Physical ability to drive in rural, suburban and urban areas to access client homes for up to 50% of the workday and to access client homes by walking, climbing stairs, etc. 	
Working Conditions	<ul style="list-style-type: none"> • Work is performed inside the organization's offices and in patient homes in all types of weather conditions. 	
Conditions of Employment	<ul style="list-style-type: none"> • Valid driver's license, automobile insurance and reliable automobile • Maintain current licensure and certifications 	
Standard Precautions	Standard precaution policy and procedures are applicable to this job <input type="checkbox"/>	
Patient Safety	Employee has knowledge and understanding of patient safety as it relates to the job duties <input type="checkbox"/> N/A <input type="checkbox"/>	
Patient Population	Demonstrates competency in the delivery of care and applies the knowledge to meet age-specific needs <input type="checkbox"/> Not applicable <input type="checkbox"/> Neonate / Infant <input type="checkbox"/> Pediatric <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric <input type="checkbox"/>	
Contacts		
Reports to	Clinical Team Manager	
Supervises		

Job duties listed in this document are intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities, or requirements.

II. GBMC Values

GBMC Values	Value Description	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
Respect	<ul style="list-style-type: none"> Treats others with fairness, kindness, and respect for personal dignity and privacy Listens and responds appropriately to others' needs, feelings, and capabilities 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Excellence	<ul style="list-style-type: none"> Meets and/or exceeds customer expectations Actively pursues learning and self development Pays attention to detail; follows through 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Accountability	<ul style="list-style-type: none"> Sets a positive, professional example for others Takes ownership of problems and does what is needed to solve them Appropriately plans and utilizes required resources for various job duties Reports to work regularly and on time 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Teamwork	<ul style="list-style-type: none"> Works cooperatively and collaboratively with others for the success of the team Addresses and resolves conflict in a positive way Seeks out the ideas of others to reach the best solutions Acknowledges and celebrates the contribution of others 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Ethical Behavior	<ul style="list-style-type: none"> Demonstrates honesty, integrity and good judgment Respects the cultural, psychosocial, and spiritual needs of patients/families/coworkers 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Results	<ul style="list-style-type: none"> Embraces change and improvement in the work environment Continuously seeks to improve the quality of products/services Displays flexibility in dealing with new situations or obstacles Achieves results on time by focusing on priorities and manages time efficiently 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

III. Technical Assessment

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Interviews hospice patients and their family members to obtain a psychosocial assessment relevant to the terminal illness, assesses family members regarding risk for complicated grief and intervenes as appropriate. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Rating Definitions: **U= Unacceptable** **B= Below** **M= Meets** **E= Exceeds** **FE= Far Exceeds**

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Develops a plan of care appropriate to identified problems and coordinates with the interdisciplinary team members to implement the plan of care. Attends interdisciplinary group meetings 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides complex social work services including individual, family and group modalities and other recognized psychosocial therapies in assisting hospice patients and family members in adjustment to illness. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides interpretation of the patient's and family member's behavior, related to illness and psychosocial factors, for patient, family members and staff in order to help understand behavioral changes. Offers suggestions for modifying behavior as needed. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Assesses patient and family's initial plan for location of care, facilitates alternative planning and links with appropriate community and financial resources to support care giving plan. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides an advocacy role for patients and their family members to help communicate their concerns through the medical model. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Maintains records on social work and bereavement risk assessments, problems, plans, progress and termination in the hospice records according to the program policy. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides educational in-services on the psychosocial needs of the hospice patient/family to the hospice staff and other agencies as needed and as requested and participates in the orientation and training of volunteers and provides support to volunteers as appropriate. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds

IV. Goals for Review Period: (As Needed)	Method of Verifying Performance Check all that apply	Target Completion Date (Mid Year or Annual)	Rating
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		

V. Mid-Year Review of Performance	
<input type="checkbox"/> Values reviewed on ____/____/____	<input type="checkbox"/> Technical Responsibilities/Goals reviewed on ____/____/____
Overall Mid-Year Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (Performance Improvement Plan Required)	
Comments:	

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds

VI. Comments

Supervisor Comments: Consider employee's strengths, areas needing attention or development, career goals, etc

Employee Comments: Consider your strength, areas needing attention or development, accomplishments, and career goals

The following signatures acknowledge that the supervisor and employee have met to discuss the employee's performance during each phase of the performance review cycle as indicated below.

Mid Year Phase

Supervisor _____ Date _____ Employee _____ Date _____

Annual Phase

Supervisor _____ Date _____ Employee _____ Date _____

VII. Performance Review Summary:

OVERALL PERFORMANCE RATING

VIII. Annual Competency Completion:

Please check box

Has met all annual competency requirements (Do not submit documentation)

Please use the space below for comments. All ratings except for "Meets" require justification (I.e. comments or documentation)

*For annual review, please attach any additional comments and documentation. Forward the original performance evaluation and all attached documents to Human Resources.

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds

Job Description and Performance Management Form

Job Title: Hospice Aide-Inpatient

FLSA Status: Non-Exempt

Department: Hospice

Job Code: HOSPAIDIP

Pay Grade: 508

Employee Name:

Employee No:

Department No:

Supervisor Name:

Review Period:

I. JOB DESCRIPTION SUMMARY

Under general supervision, is responsible for the delivery of specific aspects of patient care under the supervision of a Registered Nurse. He/she is a certified non-professional worker specifically trained to give personal care to patients.

Education High School Diploma or equivalent.

Experience One year of previous experience. Current enrollment in an accredited nursing program accepted in lieu of experience. Hospice experience preferred. Previous experience with dying patients.

Skills

- Knowledge and understanding of the Hospice Philosophy
- Skill in oral and written communication
- Skill in managing issues related to death/dying
- Ability to work independently
- Skill with personal computers and electronic documentation
- Ability to demonstrate empathy for the needs of the ill, injured, frail and the impaired.
- Competent to safely handle medications

Licensures, Certifications

- Current registration with the Maryland State Board of Examiners of Nurses as a Certified Nursing Assistant.
- Certification in end-of-life care by the NBHPNA within first three years of employment

Physical Requirements

- Possesses and maintains good physical stamina and mental health.
- Ability to concentrate and pay attention to detail when performing basic patient care tasks.
- Ability to walk and stand up to ninety percent (90%) of work time and ability to lift and position patients.

Working Conditions

- Works in inpatient facility. Frequent exposure to varying temperatures, dust, noise and the like.

• **(LICENSED DRIVER REQUIREMENT DELETED)**

Standard Precautions Standard precaution policy and procedures are applicable to this job ☐

Patient Safety Employee has knowledge and understanding of patient safety as it relates to the job duties ☐ N/A ☐

Patient Population Demonstrates competency in the delivery of care and applies the knowledge to meet age-specific needs ☐

Not applicable ☐Neonate / Infant ☐Pediatric ☐Adolescent ☐Adult ☐Geriatric ☐

Contacts

Reports to Clinical Team Manager

Supervises

Job duties listed in this document are intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities, or requirements.

II. GBMC VALUES

GBMC Values	Value Description	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
Respect	<ul style="list-style-type: none"> Treats others with fairness, kindness, and respect for personal dignity and privacy Listens and responds appropriately to others' needs, feelings, and capabilities 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Excellence	<ul style="list-style-type: none"> Meets and/or exceeds customer expectations Actively pursues learning and self development Pays attention to detail; follows through 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Accountability	<ul style="list-style-type: none"> Sets a positive, professional example for others Takes ownership of problems and does what is needed to solve them Appropriately plans and utilizes required resources for various job duties Reports to work regularly and on time 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Teamwork	<ul style="list-style-type: none"> Works cooperatively and collaboratively with others for the success of the team Addresses and resolves conflict in a positive way Seeks out the ideas of others to reach the best solutions Acknowledges and celebrates the contribution of others 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Ethical Behavior	<ul style="list-style-type: none"> Demonstrates honesty, integrity and good judgment Respects the cultural, psychosocial, and spiritual needs of patients/families/coworkers 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Results	<ul style="list-style-type: none"> Embraces change and improvement in the work environment Continuously seeks to improve the quality of products/services Displays flexibility in dealing with new situations or obstacles Achieves results on time by focusing on priorities and manages time efficiently 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

III. TECHNICAL ASSESSMENT

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Performs personal care needs by attending to patient/family requests promptly. Offers and assists with bedpans and urinals. Provides personal care including baths, back rubs, oral hygiene, shampoos and changing bed linen. Assists in dressing and undressing patients as assigned. Assists in feeding the patient. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Meets safety needs of patient and uses equipment safely and properly (foot stools, side rails, O₂ etc.). 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Plans and prepares nutritious meals as assigned. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Takes and records oral, rectal and auxiliary temperatures, pulse, respiration and blood pressure when ordered (within the training limitations of the aide). 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides proper care and observation of patient's skin to prevent breakdown of tissue over bony prominence. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Reports patient's condition and significant changes to the assigned supervisory nurse. Also aware of the caregiver or other individuals associated with the patient and interpersonal issues. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Assists in ambulation and exercise as instructed by the Hospice Nurse, Clinical Partner or therapist. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides assistance as assigned with light laundry needs. Keeps patient room orderly, as assigned 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Performs range of motion and other simple procedures as an extensional therapy service as ordered (within the training limitations of the aide). 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides respite for patient's/family/caregiver when on-site, as appropriate. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Rating Definitions: **U= Unacceptable** **B= Below** **M= Meets** **E= Exceeds** **FE= Far Exceeds**

IV. GOALS FOR REVIEW PERIOD (As Needed)

	Method of Verifying Performance Check all that apply	Target Completion Date (Mid Year or Annual)	Rating
	<input type="checkbox"/> Observation/ Demonstration	<input type="checkbox"/> Surveys	
	<input type="checkbox"/> Feedback	<input type="checkbox"/> Records	
	<input type="checkbox"/> Observation/ Demonstration	<input type="checkbox"/> Surveys	
	<input type="checkbox"/> Feedback	<input type="checkbox"/> Records	
	<input type="checkbox"/> Observation/ Demonstration	<input type="checkbox"/> Surveys	
	<input type="checkbox"/> Feedback	<input type="checkbox"/> Records	
	<input type="checkbox"/> Observation/ Demonstration	<input type="checkbox"/> Surveys	
	<input type="checkbox"/> Feedback	<input type="checkbox"/> Records	

V. MID-YEAR REVIEW OF PERFORMANCE

☐ Values reviewed on _____/_____/_____

☐ Technical Responsibilities/Goals reviewed on_____/_____/_____

Overall Mid-Year Rating: ☐ Satisfactory ☐ Unsatisfactory (Performance Improvement Plan Required)

Comments:

Rating Definitions: **U= Unacceptable** **B= Below** **M= Meets** **E= Exceeds** **FE= Far Exceeds**

VI. COMMENTS

Supervisor Comments: Consider employee's strengths, areas needing attention or development, career goals, etc

Employee Comments: Consider your strength, areas needing attention or development, accomplishments, and career goals

The following signatures acknowledge that the supervisor and employee have met to discuss the employee's performance during each phase of the performance review cycle as indicated below.

Mid Year Phase

Supervisor _____ Date _____ Employee _____ Date _____

Annual Phase

Supervisor _____ Date _____ Employee _____ Date _____

VII. Performance Review Summary:

OVERALL PERFORMANCE RATING

Please use the space below for comments. All ratings except for "Meets" require justification (i.e. comments or documentation)

*For annual review, please attach any additional comments and documentation. Forward the original performance evaluation and all attached documents to Human Resources.

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds